

2001 UNIFORM BUSINESS REPORT (UBR)

0013397 AF

DOCUMENT # L00000009644

1. Entity Name
SEA BUNKERING AMERICAS, LLC

FILED

01 FEB 23 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1645 PALM BEACH LAKES BLVD., SUITE 1200
C/O DOMENICK R. LIOCE
WEST PALM BEACH FL 33401

Mailing Address
1645 PALM BEACH LAKES BLVD., SUITE 1200
C/O DOMENICK R. LIOCE
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

631 U.S. Highway 1
Suite, Apt. #, etc.
Ste. 408

631 U.S. Highway 1
Suite, Apt. #, etc.
Ste. 408

City & State

City & State

North Palm Beach, FL

North Palm Beach, FL

Zip

Zip

33408

33408

Country

Country

4. FEI Number
65-1030282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401

Name
Douglass E. Perrboom

Street Address (P.O. Box Number is Not Acceptable)
470 Columbia Drive Ste. D-201

City
West Palm Beach

FL

Zip Code
33409

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

2/2/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
John M. Colliton
631 U.S. Highway One Suite 408
North Palm Beach, FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003782971-9
-02/27/01--01089--024
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/01 561-841-1900

Date Daytime Phone #

CR2E083 (11/00)